

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 10/13/2018		Bureau/Station/Facility: Temple Station		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 018-05609-0560-057		Date: 5/8/2018		Time: 2331	
City or Station: Temple Station		Nature of Incident: Deputy Barr, during a ped stop, contacted the suspect. The suspect displayed a handgun in his waistband and reached for it. Deputy Barr fired one non-fatal round, to the suspects chest.			
Location: Northwest corner of Seaman Avenue and Giovane Street, El Monte CA 91733					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other:	Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance:	Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: Pedestrian stop		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Flores	Christopher	S.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Austin	Maurice	A.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Arcila	Andres	F.		
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
	Austin	Maurice	A.		
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Villagomez	Armand	G.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Lewis	Richard	L.		

P&ID Use Only
SH # _____

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Employee Witnesses

Last Name	Barrios	First Name	Jaime	M.I.	A.
Street Address	8838 E. Las Tunas Drive	Zip Code	91780	Work Ph	626-285-7171
Home Ph					

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph
		Home Ph

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Rollout Information							
Arrival Date	5/9/2018	Arrival Time	0300	Date Submitted	10/17/2019	Date of Recommendation	
Employee #		Last Name	Carter	First Name	Quitman	M.I.	V.
Employee #		Last Name	Reedy	First Name	Stacie	M.I.	R.
Employee #		Last Name	Moore	First Name	David	M.I.	L.
Shooting / Force Information							

Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

Brand			
(AK)	AK-47	(IV)	Iver Johnson
(BN)	Benelli	(JE)	Jennings
(BR)	Beretta	(LO)	Lorcin
(BW)	Browning	(LU)	Luger
(CH)	Charlier Arms	(MA)	Marlin
(CO)	Colt	(MO)	Mossberg
(DA)	Davis Industries	(NC)	NCI aka SKS
(GL)	Glock	(NA)	North American
(HA)	Harrington & Richardson	(NO)	Norinco
(HI)	Hi Standard	(RA)	Raven
(HK)	H & K	(RM)	Remington
(IT)	Ithaca	(RG)	RG
		(RGI)	RGI
		(RO)	Rossi
		(SW)	Smith & Wesson
		(SR)	Sturm Ruger
		(SS)	SIG Sauer
		(ST)	Sterling
		(TA)	Taurus
		(WE)	Weatherby
		(WN)	Winchester
		(US)	US Government
		(YY)	Handmade (Inmate)
		(XX)	Homemade (Non-Inmate)
		(ZZ)	Other Brand

Caliber

9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
20)	20 gauge	(35)	.357 caliber	(50)	50 mm
21)	.22-250	(36)	30-60 caliber	(SL)	Slug
22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 1	Employee #	Last Name			First Name		M.I.		
		Barr			Brandon		D.		
	Sex: M	Race: B	Rank: DSG		Unit Assignment: Temple		Work Assignment (Unit #, Module, etc.): 53F		
	Shift Time (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting: 10-14		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height: 5'11"	Weight: 200		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 1	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
E	Employee #	Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	Shift Time (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
E	Employee #	Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	Shift Time (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information												
S 1	Last Name			Contreras			First Name		Michael		M.I.	E.
	AKA Last Name						First Name				M.I.	
	Sex:	M	Race:	Hispanic		Street Address:	City:				State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:	21	D.O.B.:	6/14/1996		Height:	5'09	Weight:	187	FBI #:	CII #:	
	Booking #:		5308238		Primary Charge:			69PC		Secondary Charge:		
	Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make:				Model:				Parole:			
					Year:				Probation:			
								Prior Felony Conviction:				
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:			Street Address:	City:				State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.:			Height:		Weight:		FBI #:	CII #:	
	Booking #:				Primary Charge:					Secondary Charge:		
	Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make:				Model:				Parole:			
					Year:				Probation:			
								Prior Felony Conviction:				
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:			Street Address:	City:				State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.:			Height:		Weight:		FBI #:	CII #:	
	Booking #:				Primary Charge:					Secondary Charge:		
	Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make:				Model:				Parole:			
					Year:				Probation:			
								Prior Felony Conviction:				
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:			Street Address:	City:				State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.:			Height:		Weight:		FBI #:	CII #:	
	Booking #:				Primary Charge:					Secondary Charge:		
	Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make:				Model:				Parole:			
					Year:				Probation:			
								Prior Felony Conviction:				